

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Certified Community Behavioral Health Clinics (CCBHCs)

Areas of State Discretion in CCBHC Criteria



State Discretion in CCBHC Criteria

Why do States have discretion over some Criteria?

- State behavioral health programs vary widely in structure, content, funding and organization, and state Medicaid programs also differ widely.
- Set high expectations which are likely to require changes and adjustments to current service delivery systems.
- Extend quality and to improve outcomes of the behavioral health care system within the authorities of state regulations, statutes and state Medicaid Plans
- Allow states flexibility in determining how to implement the criteria in a manner best addressing the needs of the population being served.
(from Criteria Introduction)

Over what Criteria do States have discretion?

- CMS refers to these as “flexibilities”
- We will review the 6 Criteria in order.

1. Staffing

- **Making the determination (if appropriate) that MDs are not available as medical directors and approving the approach that the CCBHC will use to fill the position. 1.a.3.**
- **States specify which staff disciplines they will require as part of certification in all CCBHCs 1. b.**
- **Additional staff training required by the state 1.c.1.**
- **Any additional state laws that protect privacy of consumers 1.d.5.**

CCBHC Specific Requirements Based on Needs Assessment

- **Cultural, linguistic and treatment needs 1.a.1**
- **Staffing plans in terms of size and composition 1.b.2**
- **Other aspects of treatment planning based on the needs of populations served. 4.e.8**
- **EBPs and/or best practices specific to the CCBHC site including psychiatric rehab services 4.f.2.**
- **Determining the geographic boundaries of the service area (2.e.2. refers to the catchment area).**

2. Availability and Access

- CCBHCs utilize mobile, in-home and on-line TX to the extent possible within the state Medicaid program and as allowed by state law to ensure access to services 2.a.5
- Articulate state standards if necessary, for provision of voluntary and court ordered services 2.a.7
- Incorporate more stringent standards (if applicable) for evaluation content and timeframe 2.b.
- Protocols to address consumers seeking services from outside the catchment [service] area 2.e.2
 - *State determines service area through the needs assessment*
 - *State may want to coordinate protocols across CCBHCs*

3. Care Coordination

- **Articulate and apply state-specific privacy laws if necessary 3.b.4**
- **If CCBHCs cannot establish agreements with community agencies for care coordination, the state makes a determination whether contingency plans are sufficient. 3.c.**

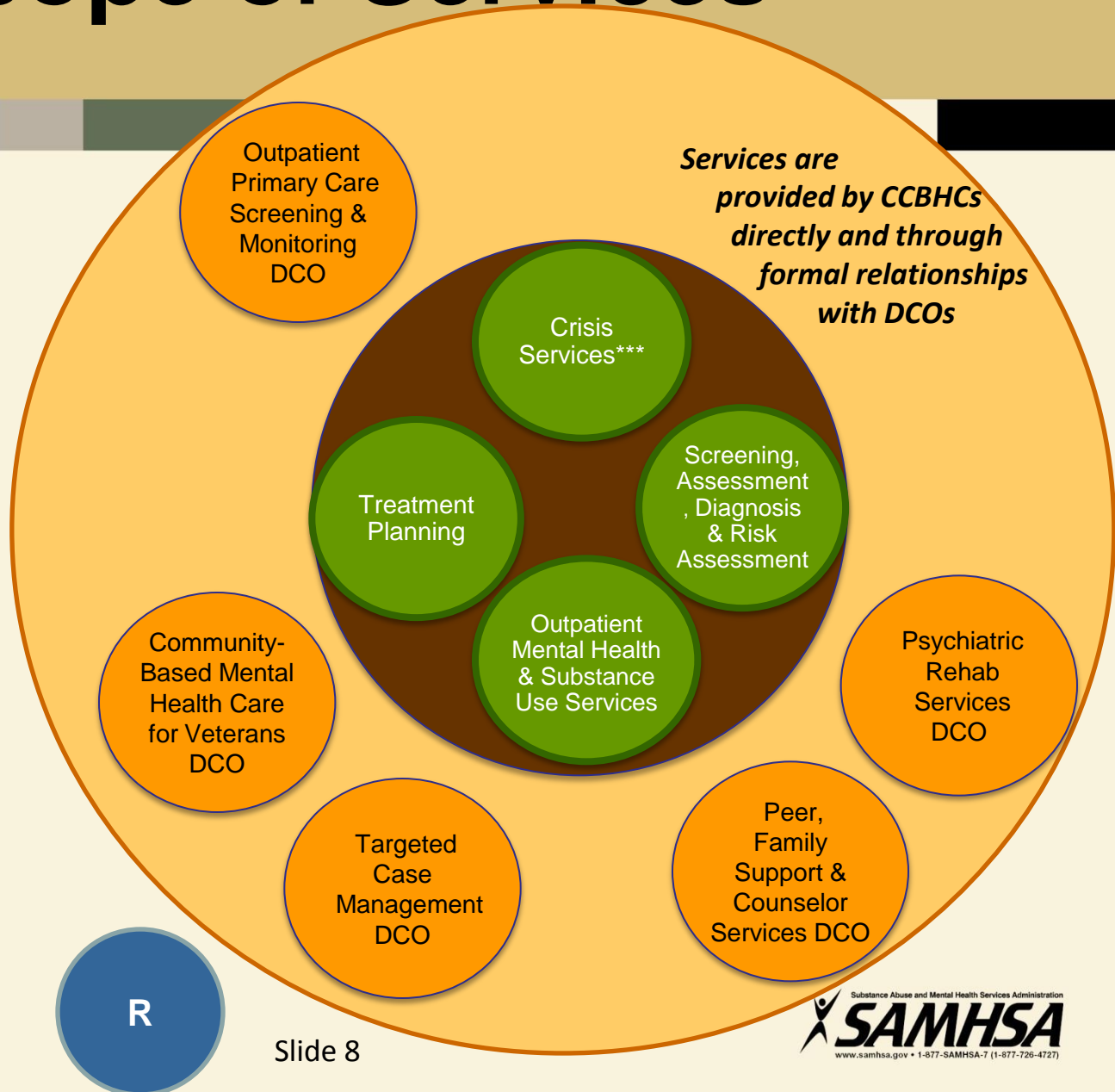
Scope of Services

CCBHCs directly provide services in green***

Additional required services are provided directly or through **formal relationships** with Designated Collaborating Organizations (DCOs)

Referrals (R) are to providers outside the CCBHC and DCOs

*** “unless there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services that dictates otherwise.”



4. Scope of Services

- The decision as to the scope of services to be provided directly by the CCBHC (as determined by the state and clinic) 4.a.1
- The level of licensed behavioral health professionals that may conduct the consumer evaluations 4.d.4
- Specific requirements for consumer evaluations considering 12 factors listed in 4.d.5
- The state may elect to require other specific screening and monitoring of behavioral health 4.d.6; and primary care 4.g.1
- Other aspects of treatment planning based on the needs of populations served 4.e.8

4. Scope of Services

- **Evidence Based Practices (EBPs)**
 - *Minimum set of EBPs across the state; 4.f.2.*
 - *EBPs specific to Psychiatric Rehab 4.i.1*
- **Scope of additional targeted case management services and populations (definitions; 4.h.1)**
- **Scope of peer and family services based upon the needs of the population served 4.j.2**

Crisis Response

- The State determines if there is an existing state-sanctioned, certified, or licensed system or network for the provision of crisis behavioral health services (if not the CCBHC directly provides them) 4.c.1
 - *The state defines each of the crisis services*
 - 24 hour mobile crisis teams,
 - Emergency crisis intervention services, and
 - Crisis stabilization services;
 - *Services must include*
 - suicide crisis response and
 - services capable of addressing crises related to substance abuse and intoxication, including ambulatory and medical detoxification
- CCBHCs will have an established protocol specifying the role of law enforcement during the provision of crisis services.

5. Quality Measures

- **State reviews and approves the continuous quality improvement plan (CQI) of each CCBHC. Elements of the CQI are determined by the state but should include suicide deaths or attempts; 30 day readmissions; 5.b.2.**

6. Organizational Authority and Governance

- Approving the alternate approach that a CCBHC may use to ensure meaningful participation under 6.b.4.
- The state will determine if this alternative to the board membership requirement is acceptable and, if it is not, will require that additional or different mechanisms be established to assure that the board is responsive to the needs of CCBHC consumers and families.”